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FEC FORM 1		STATEN ORGAN		Of	ice Use Only			
NAME OF COMMITTEE (in	n full)	(Check if nam is changed)		ple:If typing, typ he lines.	e 12FI			
Friends of	Joe Ba	ıca						
<u> </u>	1 1 1 1 1		1 1 1 1 1		1 1 1 1			, , , <b>,</b> ,
ADDRESS (number a		555 Capitol Mall, Suite	1425					
(Check if ac	ddress							
is changed)		Sacramento			CA	958	14	
			CITY		STATE		ZIP COD	E
COMMITTEE'S E-MA	AL ADDRESS	(Please provide only		ess)				
(Check if ac	address	info@olsonhagel.com						
is changed)								
COMMITTEE'S WEB	PAGE ADDR	RESS (URL)						
(Charle if	a d dua a a							
(Check if is change								
2. DATE 04	4 03	2012						
3. FEC IDENTIFIC	CATION NUM	MBER C	C00325449					
4. IS THIS STATE	MENT	NEW (N) O	R X	AMENDED (	A)			
I certify that I have e	examined this	Statement and to the	best of my kn	owledge and be	elief it is true,	correct and	complete.	
Type or Print Name	of Treasurer	Joe Baca						
Signature of Treasure	Joe Baca er		[	Electronically File	ed] Date	03	12	2012
NOTE: Submission of		us, or incomplete inform			-		penalties of 2 L	J.S.C. §437g.
Office			F	or further informa	tion contact:		FF0 F05	· · · · · · · · · · · · · · · · · · ·

	Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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